

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 507
Township Primary Registration District No. 507
City St. Louis Mo. North St. Louis Children's Hospital

File No. 42512
Registered No. 11685
St. Ward)

2. FULL NAME

(a) Residence, No. 328 Strong Ave. St. 12 Ward. Callinsville Ill
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 18. 1932</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>

12. BIRTHPLACE (CITY OR TOWN) Callinsville Ill
(STATE OR COUNTRY) Illinois

13. NAME Mr. Noel Simons

14. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

15. MAIDEN NAME Violet Crockett

16. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

17. INFORMANT Hefexhoff
(ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Assigned as Specimen DATE 12-20-1932

19. UNDERTAKER Frank Hefexhoff
(ADDRESS) 211 1/2 So. Kingshighway

20. FILED EC 29 1932 Wm C Starbuck
Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 .., 1932, to Dec 19 .., 1932
I last saw h. e. l. alive on Dec 19 .., 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pruritic
157 154
1570 154
Other contributory causes of importance: Abdominal distension
Date of onset

Name of operation ⓪ Date of ..
What test confirmed diagnosis? .. Was there an autopsy? ..

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury .., 19 ..
Where did injury occur? 1 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..
Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? ..
If so, specify W. Taylor (Signed) .. M. D.
(Address) 500 So. Kingshighway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

